

Washington (State) State Board of Health

# WASHINGTON STATE DEPARTMENT OF HEALTH









## PART ONE

### H I S T O R Y

Contrary to the impressions of some of our people the State Board of Health is one of the oldest state agencies. It was provided for by the State Constitution in 1889. In accordance with this constitutional provision the legislature of 1891 passed the necessary act, creating a State Board of Health and Bureau of Vital Statistics, said Board to consist of five members; to have supervision of all matters relating to the preservation of life and health of the people of the state; to have supervision of a state system of registration of births and deaths. Governor Elisha P. Ferry appointed the following to serve as members of the State Board of Health: N. Fred Essig, M. D., Spokane; G. S. Armstrong, M. D., Olympia; J. R. Hathaway, M. D., Everett; J. B. Eagleson, M. D., Seattle; O. A. Bowen, Olympia.

At the first meeting of the State Board, Dr. Fred Essig was elected president and Dr. G. S. Armstrong, Secretary. The first year and a half was given over to organization, working out methods of obtaining vital statistics, securing registration of physicians and midwives, formulating rules and regulations concerning control of contagious diseases, sanitation and transportation of corpses by railroad and steamboats in the state of Washington. These rules and regulations were distributed to physicians, ministers, justices of peace, railroad officials and undertakers.

Early in the organization, the Board realized that only through the cooperation of local boards of health could the state board function with any degree of efficiency. Many of the smaller towns had no board of health. A law was enacted by the legislature of 1893 establishing local health boards in places not already



provided for, and defining certain powers and duties. Through this means the State Board was better able to keep a line on contagious diseases and a check-up on the continually growing vital statistics.

Prior to 1903 the law was such that control of communicable disease could be enforced only within the corporate boundaries of cities, leaving a large part of the state's population without any health protection. The Committee on Medicine and Surgery in the House, in the 1903 legislature introduced an act which was passed and became effective June 10, 1903, providing for county boards of health and county health officers with authority to control contagious and infectious diseases; this law made the appointment of a county health officer mandatory.

The legislature of 1907 provided sufficient appropriation for the establishment of a bacteriological laboratory and this was opened for work in Seattle on September first, 1908, available to the health officers of the state, to assist them in making diagnosis of diphtheria, tuberculosis, and typhoid fever.

The legislature of 1907 passed a vital statistics act which was drawn in accordance with the recommendation of the United States census bureau and was based on the latest experience in this line of legislation. The law provided that all original records of deaths and births should be filed in the offices of the State Board of Health on or before the tenth of each month; that no dead body could be buried without a burial permit issued upon receipt of the correct certificate of death. The law went into effect on July 1, 1907, but it was October 1, before the system was in good working order, and the following year, after investigation by a representative of the United States census bureau, the state was admitted into the Registration Area of the United States bureau of the census. The State Board of Health introduced into the legislature of 1909 but one act -- that for the creation of the office of State Commissioner of Health, who should be the executive officer



of the Board and possess the necessary power and authority to enforce the laws relating to public health and the rules and regulations of the Board. The act passed both houses and became effective April 1, 1909. The Board elected Dr. Elmer E. Heg, Commissioner for the term of five years.

During the period of 1909 to 1912, three special reports were published. Report to 1911 legislature upon the tuberculosis question; collected studies in typhoid made by the State Board of Health in 1909 and 1910, and special investigation upon the epidemic of infantile paralysis during 1910. In addition to these, the report of the first conference of the state, county and city health officers was printed as a separate publication; also the Board published a monthly bulletin throughout 1911 designed to serve as a means of instruction to health workers and the general public. Later this bulletin was published quarterly. Revision of rules and regulations of the Board, changes in the vital statistics laws, instruction to registrars, physicians and undertakers were also printed from time to time.

During the winter of 1914-15, Dr. Carroll Fox, Surgeon, U. S. P. H. S., made a study of the health work of the state at the request of the State Board of Health. He reported that the work of the various divisions was of high standard but the appropriation wholly inadequate to do thoroughly efficient work. He recommended that \$160,000 be the minimum appropriation to carry on the work of the state. A special study under the direction of the American Public Health Association was made by Dr. Chapin. His report placed Washington as 24th on the list of states with regard to work being done by the health departments, and 42nd in appropriation. However, the character of the work done was considered a high type in proportion to available funds.

At a meeting of the State Board on September 15, 1920, the Commissioner asked for the creation of a division of tuberculosis and a bureau of nursing. This plan was approved by the Board providing funds were sufficient the coming biennium. On



October 18th of the same year a special meeting was called to consider budget for the coming biennium. The importance of child welfare was presented by Mrs. McCredie and the details of the New Shepard-Towner bill in Congress outlined - the bill proposed to subsidize states in which child welfare was recognized. A motion was made that a Division of Child Welfare be created and a director appointed. This was un-animously passed.

The administrative code passed by the legislature of 1921 provided for a state department of health. No limit was set as to the length of term of Board members who are appointed by the governor and removed at his discretion with the consent of the Senate. The state director is also appointed by the Governor.

Since the first small appropriation in 1891, with a few exceptions, there has been a gradual rise in the amounts appropriated by the legislature for the work of the State Board and the State Department of Health.

In 1929 the largest appropriation was received, which was \$100,000.00; 1931 saw a decrease and the 1933 budget was some \$20,000.00 less.

At the request of the state director of health, the president of the state medical association, the United States public health service, sent Dr. L. L. Lumsden to make a survey of public health administration in the state of Washington. The report of this survey and the recommendations made, was printed in bulletin form by the State Medical Association. A committee from the State Medical Association asked the Governor to request the assistance of the United States public health service in a reorganization of health work in the state. Accordingly, the Governor made the request to the Surgeon General, and on June 1, 1933, Dr. E. R. Coffey, P. A. Surgeon, USPHS, began his detail here as State Director of Health, being loaned to the State by the U. S. Public Health Service for the purpose of re-organization. He concentrated his efforts upon the reorganization of the department and laying the foundation for the creation of full-time county health units,



a work which has been going forward under his successor, Donald G. Evans, M. D., the present Director of Health.



PART TWO

THE STATE BOARD OF HEALTH

The State Board of Health, created by Article XX, Section 1, of the State Constitution is a supervisory and rule making body.

"There shall be established by law a State Board of Health and a Bureau of Vital Statistics in connection therewith, with such powers as the Legislature may direct. This Board with the resulting State Department of Health, one of the oldest institutions of the State Government, is not, as many people have erroneously come to believe, an office created by Federal or State Emergency Relief funds. The State Board of Health passes upon or originates the rules and regulations which govern matters pertaining to public health and in matters of health where the law has not already been established by acts of the State Legislature, its decisions and regulations have the same force as enacted law. The State Department of Health is primarily an executive office. It carries out and enforces the rulings of the State Board of Health.

The present Board consists of Dr. M. R. Hales, Olympia; Ralph Hendricks, M. D., Spokane; A. H. Peacock, M. D., Seattle; E. H. Wight, D. D. S., Yakima; F. D. Rhoads, State Registrar of Vital Statistics as the ex-officio Secretary of the Board and Dr. Donald G. Evans, State Director of Health, as the presiding officer.

The Board meets semi-annually and conducts itself much as any similar body does. To pick at random - it decides upon such matters as the qualifications of public health nurses, additions and changes to the rules and regulations of the State Board of Health, the procedures for the sterilization of beer glasses, health cards for food handlers, regulations for the sale and inspection of mattresses and bedding, and approves, or modifies the policies of the State Department of Health. When policies have been set by the Board, the State Department of Health under the guidance of its Director, sees that they are put into operation throughout the State.



PART THREE

THE ORGANIZATION AND FUNCTION  
of the  
DEPARTMENT OF HEALTH

At present the State Department of Health consists of a Director, Dr. Donald G. Evans; an assistant director, Dr. R. H. Fletcher; and a staff of professional members and technicians organized along divisional lines. There are seven of these divisions of the health department: Public Health Nursing, Maternal and Child Hygiene, Vital Statistics, Epidemiology, Laboratories, Public Health Engineering and Health Education.

It is the function of the Director and his assistant to coordinate the separate specialties of these seven divisions, to establish the administrative policies of the department, and to care for and promote public health work throughout the State. This is a strenuous job requiring a great deal of patience, attention to minute detail, and vision. The accounts and records for the department and files of important correspondence, plans, and papers are kept in the general office of the department.

Much of the Director's energy during the past year has been expended in founding full-time county, or district health departments, and promoting more adequate public health facilities throughout the State. In these respects marked progress has been made. At the present time over a third of the counties and a great majority of the people of the State are served by full-time health departments. They include: Chelan, Clallam, Clark, Cowlitz-Wahkiakum, Grant-Douglas-Grand Coulee, King, Thurston-Mason, Pierce, Snohomish, Spokane, Walla Walla, Whatcom, Whitman and Yakima. Grays Harbor County, with the exception of the health officer who serves part time, has a full-time health department with full-time personnel. Thus, out of a total estimated population of 1,640,000 in the State in 1936, the above counties, exclusive of Seattle and Spokane, give whole time health service to 599,090. The cities of Seattle, Spokane and Tacoma give



a similar service to an additional 612,620 people, or over 37% of the State's population. Thus a total of 1,209,710 of the State's 1,640,000 population receive modern public health service.

With this proportion of the people being served by modern public health methods it is reasonable to expect that a considerable saving will accrue to the State in the course of five or ten years as a result of lessened illness. Machinery will be available more than ever before to attack the problem of tuberculosis, and venereal diseases and the problem of a but slightly receding mortality rate among our mothers and our new born infants.

A visitor to the State Department of Health first comes in contact with the Office of the Director. Here one finds the director, his assistant, their secretaries and the accountants. From here he will be routed, if his business so dictates, to the offices of any one of the seven divisions of the health department,

#### DIVISION OF EPIDEMIOLOGY:

The duty of this division is to keep informed of all the cases of communicable diseases in the State, to prevent epidemics, if possible, and to deal with them if they do arise, as well as compile statistics on the incidence of communicable diseases. Its work forms the cornerstone of the State's Public Health Program. The division consists of an epidemiologist, that is, a specialist in the control of communicable diseases, or epidemics, and an assistant epidemiologist, specifically in charge of venereal disease control, together with their clerks and secretaries. These specialists keep track of the communicable diseases as they occur throughout the State, plot their incidence, and with the cooperation of the health officers and private physicians work out plans for epidemiological control. When conditions warrant they conduct special investigations into nature and cause of a disease's spread, and from their findings make recommendations for curbing it. They also promote immunization programs in the case of diseases such as small-



pox where immunization has proved of practical value.

Special emphasis upon the control of syphilis and gonorrhea, a new phase of the division's work has been carried forward for the past two years with the result that the case reporting of syphilis has jumped from one thousand nine hundred and thirty-seven (1,937) in 1936, to three thousand and fifty (3,050) for the first three quarters of 1937. The State makes available to private physicians free arsenicals and bismuth preparations for patients unable to pay for them, and the county health units are encouraged to set aside money out of their budgets for the treatment of indigent syphilis patients.

#### DIVISION OF LABORATORIES:

The State Department of Health operates a central laboratory, the main activity of which is the making of laboratory tests for the diagnosis and control of communicable diseases. This service is furnished physicians and health officers without charge either to the physician or the patient.

The work consists of bacteriological and serological examinations of specimens and cultures for evidence of diseases which may be transmitted from one person to another: - Diphtheria, epidemic meningitis, gonorrhea, syphilis, scarlet fever, tuberculosis, tularaemia, typhoid fever, undulant fever and rabies. Here also water, milk, shellfish and other foods are examined bacteriologically for dangerous contamination. Chemical analyses of foods and drugs are made by State Chemists in the University of Washington and Washington State College.

There is no branch laboratory operated by the State Health Department, but in the health departments of three cities and two counties of the State, diagnostic laboratories are maintained with local funds. Altogether there are in the State twenty-four laboratories for general bacteriological work and in addition twelve for bacteriological examination of milk, which are approved by the Division of Laboratories of the State Department of Health.



DIVISION OF PUBLIC HEALTH ENGINEERING:

Closely associated with the Division of Epidemiology in the work of controlling and preventing communicable diseases, stands the division of public health engineering. Its activities are coordinated by the Chief Public Health Engineer. The Division also includes two assistant engineers, and several specialists such as the shellfish sanitation inspector, the mattress and bedding inspector, the state supervisor for the rural sanitation project and the milk sanitarian, an industrial hygiene engineer, and a camp sanitation inspector.

The object of public health engineering work is to help control factors in our environment which may directly or indirectly affect health or cause insanitary conditions. These environmental factors are air, water, sewage, milk and other foods, mosquitos and flies.

Certain kinds of air pollution may directly affect health. Other air contamination may only indirectly affect health or be a nuisance. In any event, clean, non-polluted air is conducive to comfort as well as health.

An adequate supply of safe, clean water is absolutely essential to health and comfort. The development of such supplies, including public, semi-public and private water supplies, and their sanitary control is a large and important problem. Travel by automobile has made private wells along roadsides and in rural areas more important from a public health standpoint than in the past. The sanitary control includes review of plans, field inspections, supervision of operation and analyses.

Prompt and sanitary disposal of sewage and industrial wastes is essential to health and to keep streams clean. This requires suitable sewer systems and sewage treatment works and efficient and continuous operation of such systems after installation. Many streams serve as sources of public and private water supplies, for recreational use, and for cattle watering as well as for fishing.



Milk obtained from a perfectly healthy cow may be safe enough at the source, but the farther the final consumer is from the cow the greater the danger he runs from possible milk contamination, unless there are sanitary precautions and control of all milk produced and distributed. The only assuredly safe municipal milk supplies are those that are pasteurized. Pasteurization as well as other features of milk sanitation present important technical problems.

DIVISION OF VITAL STATISTICS:

Contributing to the work of the other Divisions of the State Department, the Division of Vital Statistics furnishes basic information upon which some control programs rest. In addition its work is a large factor in determining the entire public health program for the State. The Division is in charge of a Registrar of Vital Statistics, who is also the secretary of the State Board of Health, ex-officio, and his assistant, who together with a staff of clerks collect records of the births and deaths for the entire State. These valuable records are kept on file in the Division's offices and are consulted from time to time by the State's population, people from other states, either for legal or personal reasons.

As society becomes more highly organized, these records will be increasingly a public as well as a private asset. They are already extremely useful in establishing the individual's right to enter the civil service, army, navy, marine occupations, to obtain passports and to establish claims to property. They are useful in establishing rights to old age and other social security benefits.

The Division in addition to keeping records, compiles them into useful statistical tables, showing mortality and population trends. These figures reveal, for instance, such things as the death rate from certain communicable diseases as tuberculosis, smallpox, pneumonia, influenza; infant mortality and the rate of births over deaths and vice versa.

Supervisory and advisory powers, through the issuance of burial permits, etc., are exercised over the State undertakers.



DIVISION OF MATERNAL AND CHILD HYGIENE:

The Division of Maternal and Child Hygiene has the duty of promoting the health of mothers and children. It deals with the special problems concerning prenatal and postnatal care of the mother, and the proper development of children from birth through the school years. This division consists of a director who is a physician with special training in pediatrics, a dentist and a nutritionist all on a full-time basis. Close cooperation is maintained with the Division of Public Health Nursing, for assistance and consultation.

This division carries on its work by means of lectures, demonstrations, distribution of literature including a series of prenatal letters, motion picture films, school dental inspections, field visits and child health conferences. These conferences are held at intervals throughout the year in selected areas and serve as a means of demonstrating to a community the presence of preventable defects in the children of that community. They also afford an opportunity for the local physicians to meet and discuss problems of child care with the child specialist who conducts the conference.

The entire work of the division is of an educational nature and aims at making known better methods of promoting maternal and child health.

DIVISION OF PUBLIC HEALTH NURSING:

The Division of Public Health Nursing consists of the State Advisory Public Health Nurse, her assistant, who is a public health nursing consultant, and a secretarial staff. It provides a consulting and advisory service to the county health departments, and to the public health nurses in active service. The division keeps records of the training and qualifications of public health nurses, and promotes the activities of the public health nurses throughout the State.

DIVISION OF HEALTH EDUCATION:

This division seeks to inform the public of the activities of the health de-



partment and its programs. Its primary object is to get into circulation educational material which will promote better health for everyone. It collects motion pictures and slides for distribution to responsible groups, prepares educational news releases and articles for the press, conducts radio programs, arranges for speakers on health subjects, and displays exhibits.

The departmental library is under its charge; as well as the equipment for mimeographing and duplication. It produces a good deal of departmental forms and educational material. The division prepares for distribution pamphlets on public health subjects.

This division also helps to coordinate the activities of the health department with those of the department of education. Its activities are carried on by an educational consultant and a staff of assistants.

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




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# WASHINGTON

-  Full time county health unit
-  Full time health districts
-  Full time district, except health officer
-  Full time county health unit except Health officer
-  Proposed Full Time County



## PART FOUR

### THE COUNTY HEALTH DEPARTMENT

The county health department is the basic administrative unit through which public health work is carried on in this State. It comes in direct contact with the people. Like the State department with its State Board, the county health department carries out the rulings of the county board of health. As much as possible, the State Department of Health and the State Board perform their work by supervising and advising the county health departments; only in respect to certain inspections, chiefly the function of the Division of Public Health Engineering, does the State Department perform a direct service to the people of the State. These tasks are assumed by the State Department of Health chiefly because it would be either impossible or impractical to equip the county units with personnel capable of doing this work.

Probably it is wrong to refer to the local health unit as a county health department indiscriminately. Actually there are five main types of organization in operation in this State: (1) The county health unit with a full-time trained personnel; (2) The county health unit with a full-time trained personnel except the health officer; (3) The health district (which contains more than one county) with a full-time trained personnel; (4) The district with a full-time trained personnel and a part-time health officer; and (5) In the more sparsely settled counties the health interests of the community are served by part-time health officer and a county nurse.

Ideally a typical county health department contains a health officer, (a doctor of Medicine trained especially in the techniques and philosophy of public health); two or more public health nurses; a sanitary engineer, or sanitary inspector, and a clerk. A public health nurse usually is a bachelor of science with special training in public health nursing. She differs, therefore, from



the ordinary registered nurse who usually receives training exclusively in her hospital school of nursing. The public health nurse has the benefit of a broad cultural background and a basic education in the fundamental sciences, qualifications which are not usually required of the registered nurse. Ideally, the sanitary inspector is a bachelor of science with special training in public health and the scientific application of its principles to sanitary problems.

A personnel thus qualified and trained is employed under the direction of the county health officer in the practice of preventive medicine. It is the object of the county health department to prevent communicable diseases, and to control their spread when they do occur. Specifically the health officer administers his department, diagnoses and quarantines communicable diseases, encourages private physicians and the community to promote immunizations where they are of proven worth, gives consultant service to physicians on communicable diseases, collects reports on occurrence of disease in his jurisdictional area and conducts educational activities designed to raise the general health standards of his community.

The county public health nurse assists the health officer in his educational work. She goes into a home stricken by a communicable disease, teaches it to care for afflicted members, and to avoid spreading the contagion through the family or to other members of the community. She also organizes study groups and talks before clubs. She organizes and assists with the service part of the school health program. Under recent permissive legislation, school districts of the second and third class may appropriate funds for the support of a public health nurse, and this is being done in many communities throughout the State. Such nurses, under the direction of the county health department assist with the school health program in their districts.

The sanitary inspector assists the health officer by aiding people engaged in the handling of various products, such as food and milk, to understand and



live up to sanitary regulations, regarding their production and distribution. This work involves the inspection of water, meat and milk supplies, restaurants, auto camps, dairies, canneries, etc. Some county health departments are large enough to employ a man especially trained in milk sanitation, and he spends all of his time working in this field. Some of the larger units, where there is a great deal of construction being done, employ a public health engineer. A public health engineer is trained in public health engineering.

Some of the county and city health departments have enough laboratory work to justify a laboratory employing one or more laboratory technicians.

Except that they are larger, the city health departments, Spokane, Tacoma and Seattle, follow essentially the same personnel pattern as the county units.

To summarize, the county and city health departments practice preventive medicine and teach group health. The work of the private practitioner is largely corrective in character, and usually begins after the patient is already sick. The work of the health department begins before the patient becomes ill, and aims to prevent illnesses which are the result of contagion. It is encouraging to note, however, that in increasing numbers, the general public is indicating a willingness to pay the private practitioner to keep them well, rather than attend them after the onset of an often avoidable disease.

